



Nevada has a computer system that healthcare providers use to help keep track of their patient's immunizations (shots). This system is called Nevada WebIZ. Health care providers use this computer system to record shots given to patients and access information about their patients' shots, including shots given at other health care provider offices. This makes it simple to keep track of a patient's shots even if the patient visits more than one physician. It also makes it easier for health care providers to give the right shots at the right time and to remind their patients when shots are due.

The information in Nevada WebIZ is **CONFIDENTIAL**. Only authorized users may view it. Authorized users include local or state health departments, health care providers, schools, childcare facilities, WIC Programs and health care plans. The information in Nevada WebIZ can be used to see if shots are up to date, to give shots at the appropriate time, and to bill insurance companies. The information may not be used for any other reason.

The following information may be reported to the system: patient's name, age, gender, race/ethnicity, address, county of residence, state and country of birth, full name of mother (including maiden last name), immunization provided, including the manufacturer and lot number, and the date on which the immunization was provided.

You have the right to:

- Refuse to have us include in Nevada WebIZ this information now or at any time.
- Look at your, or your child's, record and have corrections made.

Participation: An individual may decide at any time to not participate in Nevada WebIZ. Anyone who initially decides to opt-out may choose to participate at a later time. No one is penalized for choosing to not participate in Nevada WebIZ. Adults must sign this form giving consent before their information may be entered. This form should also be completed if you wish to change your decision. For the purpose of participation, children are defined as 0 (zero) through 18 years of age (up to their 19th birthday).

AGREEMENT TO PARTICIPATE / OBJECTION TO PARTICIPATE

(Place your initials next to the statements that reflect your preferences)

The following statement(s) accurately reflect my views:

_____ I **agree** to allow my immunization information to be stored and accessed by authorized users in Nevada WebIZ.

_____ I **do not agree** to allow my child's immunization information to be stored and accessed by authorized users in Nevada WebIZ.
Reason (optional): _____

My name: _____ Date of Birth: _____

My Child's Name (if applicable): _____ Date of Birth: _____

Name of office (where vaccine was given): _____

My telephone number: _____

Signature: _____ Date: _____

Please submit this form to your health care provider

For questions, call: (775) 684-5954
Long-distance (toll-free): 1-877-NV-WebIZ